

VSA Arts of Iowa Artist Payment Voucher

Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

A. Contract Labor

Date	Location	Time	# Hours	Total Artist Fee
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total				\$

B. Meals and Expenses

Date	Lodging ⁽¹⁾	Meal Total (per day) ⁽²⁾	Other (telephone etc.)	Total Expenses
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	Total	\$

C. Mileage ⁽³⁾

Date	# Miles	Mileage	Total Expenses
		\$	\$
		\$	\$
		Total	\$

D. Supplies⁽⁴⁾

Supplies	Description	Total	GRAND TOTALS
		\$	A total: \$
		\$	B total: \$
		\$	C total: \$
		\$	D total: \$
	Total	\$	Grand Total: \$

Rates: (1) Lodging not to exceed \$50 per night state rate applies, call the office if you need assistance.
 (2) Meals not to exceed \$16 a day
 (3) Mileage paid at .22 per mile
 (4) Confirm purchase of supplies with VSAI office before reimbursement.

Notes: (1) Receipts must be attached
 (2) List both hours and dollar amount
 (3) List both miles and dollar amount
 (4) Motels that include Continental Breakfast will be more cost effective.
 (5) Eat school lunch when possible
 (6) Attach Final Report to receive payment

POSTING DATA ___ Receipts ___ Check Registered	Payment Authorization By:	OFFICE USE ONLY Date Paid: / /
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